

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Box PCT, Commissioner for Patents, Washington, DC 20231, on the date shown below.

Dated: August 28, 2002

Signature: 

(Brent LaBarge)

Rec'd PCT/PTO 04 SEP 2002

#6

Docket No.: ASZD-P01-599  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Mortlock et al.

Application No.: 10/088,814

Group Art Unit: N/A

International Filing Date: September 18, 2000

Examiner: Not Yet Assigned

For: Quinazoline Derivatives and Their Use as  
Pharmaceuticals

**RESPONSE TO NOTIFICATION OF MISSING REQUIREMENTS**

Box PCT  
Commissioner for Patents  
Washington, DC 20231

Dear Sir:

In response to the Notification of Missing Requirements (Notice) mailed July 22, 2002, Applicants respectfully submit a Combined Declaration and Power of Attorney, and a "Sequence Listing" which is compliant with the requirements of 37 CFR 1.821.

Please charge our Deposit Account No. 18-1945 in the amount of \$680.00 covering the fees set forth in the Notice. The Commissioner is hereby authorized to credit any overpayment or charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 18-1945, under Order No. ASZD-P01-599. A duplicate copy of this paper is enclosed.

Dated: August 28, 2002

Respectfully submitted,

By 

David P. Halstead, Ph.D.

Registration No.: 44,735

ROPES & GRAY

One International Place

Boston, Massachusetts 02110-2624

(617) 951-7000

(617) 951-7050 (Fax)



UNITED STATES PATENT AND TRADEMARK OFFICE

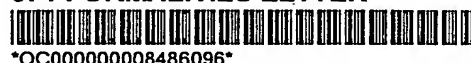
 Commissioner for Patents, Box PCT  
 United States Patent and Trademark Office  
 Washington, D.C. 20231  
 www.uspto.gov

U.S. APPLICATION NUMBER NO.	FIRST NAMED APPLICANT	ATTY. DOCKET NO.
10/088,814	Andrew Austen Mortlock	Z70599-1
INTERNATIONAL APPLICATION NO.		
PCT/GB00/03580		
I.A. FILING DATE	PRIORITY DATE	
09/18/2000	09/21/1999	

AstraZenca Pharmaceuticals  
 Global Intellectual Property Patent Administrator  
 1800 Concord Pike  
 P O Box 15437  
 Wilmington, DE 19850

CONFIRMATION NO. 2356

371 FORMALITIES LETTER



\*OC000000008486096\*

Date Mailed: 07/22/2002

JUL 9-22-02

### NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as an Elected Office (37 CFR 1.495):

- U.S. Basic National Fees
- Priority Document
- Biochemical Sequence Listing
- Copy of IPE Report
- Copy of references cited in ISR
- Copy of the International Application
- Copy of the International Search Report
- Information Disclosure Statements

CODE	DATE	NTD
MPI	9-22-02	
REC'D JUL 30 2002 GIPUS		
DATA ENTERED MMG 7-30-02		
FINAL CHECK EMJ		

The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Oath or declaration of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the International application number and international filing date.
- \$130 Surcharge for providing the oath or declaration later than the appropriate 30 months months from the priority date (37 CFR 1.492(e)) is required.

**ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTH FROM THE DATE OF THIS NOTICE OR BY 22 or 32 MONTHS (where 37 CFR 1.495 applies) FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.**

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Additionally the following defects have been observed:

The following items **MUST** be furnished within the period set forth below:

- The nucleotide and/or amino acid sequence disclosure contained in this application does not comply with the requirements for such a disclosure as set forth in 37 CFR 1.821-1.825 for the following reason(s):
  - A copy of the "Sequence Listing" in computer readable form has not been submitted as required by 37 CFR 1.821(e).
  - APPLICANT MUST PROVIDE:
    - An initial or substitute computer readable form (CRF) of the "Sequence Listing."
    - A statement that the contents of the paper or compact disc and the computer readable form are the same and, where applicable, include no new matter, as required by 37 CFR 1.821(e), 1.821(f), 1.821(g), 1.825(b) or 1.825(d).
- For questions regarding compliance to 37 CFR 1.821-1.825 requirements, please contact:
  - For Rules Interpretation, call (703) 308-4216
  - To Purchase PatentIn Software, call (703) 306-2600
  - For PatentIn Software Program Help, call (703) 306-4119 or e-mail at patin21help@uspto.gov or patin3help@uspto.gov
- Additional claim fees of \$550 as a non-small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

**SUMMARY OF FEES DUE:**

Total additional fees required for this application is \$680 for a Large Entity:

- \$130 Late oath or declaration Surcharge.
- Total additional claim fee(s) for this application is \$550
  - \$270 for 15 total claims over 20.
  - \$280 for multiple dependant claims surcharge.
- A copy of the "Sequence Listing" in computer readable form has not been submitted as required by 37 CFR 1.821(e).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

*A copy of this notice **MUST** be returned with the response.*

09/06/2002 SNAJARRO 00000069 181945 10088814

01 FC:154 130.00 CH  
02 FC:968 280.00 CH  
03 FC:966 270.00 CH

BARBARA A CAMPBELL

Telephone: (703) 305-3631

**PART 1 - ATTORNEY/APPLICANT COPY**

U.S. APPLICATION NUMBER NO.	INTERNATIONAL APPLICATION NO.	ATTY. DOCKET NO.
10/088 814	PCT/GR00/03580	770500.1

FORM PCT/DO/EO/905 (371 Formalities Notice)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2002</h3> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p>		<p><b>Compleat if Kn wn</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/088814</td> </tr> <tr> <td>Filing Date</td> <td>March 21, 2002</td> </tr> <tr> <td>First Named Inventor</td> <td>Andrew Austen Mortlock</td> </tr> <tr> <td>Examiner Name</td> <td>Not Yet Assigned</td> </tr> <tr> <td>Group Art Unit</td> <td>N/A</td> </tr> <tr> <td>Attorney Docket No.</td> <td>ASZD-P01-599</td> </tr> </table>		Application Number	10/088814	Filing Date	March 21, 2002	First Named Inventor	Andrew Austen Mortlock	Examiner Name	Not Yet Assigned	Group Art Unit	N/A	Attorney Docket No.	ASZD-P01-599
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>680.00</b>															

<p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p> <input type="checkbox"/> Check    <input type="checkbox"/> Credit Card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other    <input type="checkbox"/> None         </p> <p><input checked="" type="checkbox"/> Deposit Account</p> <p>Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">18-1945</span></p> <p>Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Ropes &amp; Gray</span></p> <p>The Commissioner is hereby authorized to: (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below    <input checked="" type="checkbox"/> Credit any overpayments         </p> <p> <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application         </p> <p> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.         </p>				<p><b>FEE CALCULATION (continued)</b></p>																																																																																																																																																																																																																																															
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<p><b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> <tr> <th>Total Claims</th> <th></th> <th>-20** =</th> <th></th> <th>x</th> <th></th> <th>=</th> <th></th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td></td> <td>-3** =</td> <td></td> <td>x</td> <td></td> <td>=</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>=</td> <td></td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td style="text-align: right;">(\$)<b>0.00</b></td> </tr> </tbody> </table> <p>**or number previously paid, if greater; For Reissues, see above</p>						Extra Claims		Fee from below		Fee Paid		Total Claims		-20** =		x		=		Independent Claims		-3** =		x		=		Multiple Dependent						=		Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	103	18	203	9	Claims in excess of 20		102	84	202	42	Independent claims in excess of 3		104	280	204	140	Multiple dependent claim, if not paid		109	84	209	42	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>					(\$) <b>0.00</b>																																																																																																																																																																		
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<p><b>SUBMITTED BY</b></p>				<p><b>Complete (if applicable)</b></p>	
Name (Print/Type)		David P. Halstead, Ph.D.		Registration No. (Attorney/Agent)	
				44,735	
Signature				Telephone	
				(617) 951-7615	
				Date	
				August 28, 2002	

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